

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002964

AMENDED

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 4

STATE FILE NUMBER

FILED JAN 22 1962

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)

Caruthersville, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

star serv. Sta. 1199 Adams

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Pemiscot

admission)

c. CITY

OR

TOWN

Caruthersville

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

211 East 20th. St.

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Willie

Middle

Henry

Last

Shults

4. DATE

OF

DEATH

Month

Day

Year

Jan. 7, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1-26-1902

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months ☐ Days ☐ Hours ☐ Min. ☐

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Used Furn. Store

10b. KIND OF BUSINESS OR INDUSTRY

Used Furn. Store Unknown

11. BIRTHPLACE (City and state or country)

U. S. A.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Jim Shults

13b. MOTHER'S MAIDEN NAME

Minnie Johnson

14. NAME OF HUSBAND OR WIFE

Nettie Shults

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Nettie Shults

Address

Caruthersville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

NOT WHILE AT WORK ☐WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Jimmy Adam, Coroner

(Degree or title)

22b. ADDRESS

Wardell, Mo.

22c. DATE SIGNED

1-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-9-62

23c. NAME OF CEMETERY OR CREMATORY

Little Prairie Cem.

23d. LOCATION (City, town, or county)

Caruthersville, Mo.

(State)

24. FUNERAL DIRECTOR

LaForge Undertkg. Co., Inc. O'ville

ADDRESS

25. DATE RECD. BY LOCAL REG.

1-10-1962

26. REGISTRAR'S SIGNATURE

Jack W. Tipton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JAN 3 1963

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Noel C. Dean

Licensed Embalmer No.

3991

P. O. Address

*Cambridge
Mass*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.